

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe aka Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 256 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Dan De Niro

Telephone: 843 423-6488

Address: P.O. Box 491
Marion, SC 29571

Fax: 843-423-9103

Other:

Email: Lauran.Deniro@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: |

RECEIVED
JUL 28 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

aps

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 7-26-09

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

COMMUNITY ADULT DAY CARE OF MARION INC.

300 E. JONES AVE S.E. MARION, SC 29571

Street Address of Applicant

P.O. Box 491 MARION, SC 29571

Mailing Address of Applicant if different from street address

843-423-6488

Phone

496-7326

843-4239103

Fax

Louise.Delitto@yorkco.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Edward Salley By Louber & Dan De Vito

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2008

Assets:

Cash	23,090
Receivables	-0-
Real Estate	-0-
Buildings and Equipment (Net)	-0-
Motor Vehicles (Net)	4970
Garage Equipment (Net)	-0-
Machinery and Tools (Net)	-0-
Supplies on Hand	-0-
Prepays and Other Assets	-0-
Total Assets	28,060
Liabilities and Equity:	
Accounts Payable	-0-
Notes Payable	-0-
Mortgages Payable	-0-
Equipment Obligations	-0-
Accrued Salaries and Wages	-0-
Other Accrued Obligations	-0-
Other Liabilities	-0-
Total Liabilities	-0-
Capital Stock	1,000
Retained Earnings	27,060
Total Equity	28,060
Total Liabilities and Equity	28,060

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Adult Day Reimbursement fee of
\$2.00 / mile

Countries to be Served:

Marion, Dillon, Florence

Maximum Number of Passengers per Vehicle:

15

SEATING CAPACITY

4 of 9

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

COMMUNITY ADULT DAY CARE OF HARTWICK INC.
Name of Motor Carrier
300 E. Jones Ave. E.H. - Mail P.O. Box 491 Marion, SC. 29571
Address of Motor Carrier

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$

915.00

Limits

25,000/100,000/25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000 ✓

Progressive Ins. Co.
Name of Insurance Company
P.O. Box 6807 Cleveland Ohio 44101-1807
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-26-9 Date
7-26-9 This policy now in force April 25, 2010
Sold by: Tracy J. Lawrence TO
Authorized Insurance Company Representative's Signature
843-4649344 John's Ins Agent APRIL 25, 2011

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

See Attached policy - next page

JOHNSONS REAL ESTATE
417 S MAIN ST
MULLINS, SC 29574
843-464-9344

PROGRESSIVE

Policy number: 03480467-4

Underwritten by:
UNITED FINANCIAL CASUALTY COMPANY
July 26, 2010
Page 1 of 2

Certificate of Insurance

Certificate Holder

SC - DHHS
1801 MAIN STREET
COLUMBIA, SC 29202

Insured

DONALD DENITTO
PO BOX 491
MARION, SC 29571

Agent

JOHNSONS REAL ESTATE
417 S MAIN ST
MULLINS, SC 29574

This document certifies that insurance policies identified below have been issued by the designated insurer to the Insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Apr 25, 2010

Policy Expiration Date: Apr 25, 2011

Insurance coverage(s)

Limits

BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
UNINSURED MOTORIST BODILY INJURY	\$50,000/\$100,000
UNDERINSURED MOTORIST BODILY INJURY	\$50,000/\$100,000

Description of Location/Vehicles/Special Items

Scheduled autos only

1999 FORD ECON E350 SUPR 1FBSS31LXXHC14071	
UNINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$200 DED
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$0 DED
2001 DODGE RAM VAN B3500 2B6LB31Z31K525435	
UNINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$200 DED
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$0 DED
1993 CHEVROLET SPORTVAN G30 2GAGG39K5P4111858	
UNINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$200 DED
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$0 DED
2001 DODGE RAM VAN B3500 2B6LB31Z51K525436	
UNINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$200 DED
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$0 DED

Continued

Exhibit FWA

Community Adult Day Care - Don De Niro
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §18-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Marion

Don W. DeNitto
Applicant's Signature

I, Don DeNitto, co-owner
Name of Applicant's Representative Title
of Community Adult Day Care of Marion, Inc.
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

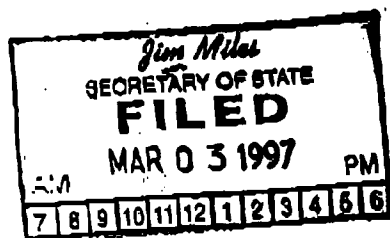
x Don W. DeNitto
Signature of Applicant's Representative

SWORN TO-BEFORE ME
This 26th day of July, 2010
Ernestine B. Jones
Notary Public
Commission Expires 4-2-2011

803-896-5199

8 of 9





STATE OF SOUTH CAROLINA
SECRETARY OF STATE

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

MAR 03 1997

ARTICLES OF INCORPORATION

Jim Miles
SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the proposed corporation is Community Adult Day Care of Marion, Inc.

2. The initial registered office of the corporation is Route 1 Box 600, Marion, South Carolina, 29571, and the initial registered agent at such address is Donald W. DeNito.

3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:

a. ☒ If the corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized No. of Each Class

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See s33-1-230(b)): N/A

5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See s33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code):

6. The name and address of each incorporator is as follows (only one is required):

Name

Address

Signature

Donald W. DeNito

Route 1 Box 600
Marion, South Carolina 29571

Donald W. DeNito

1059 Art

7. I, John P. Williams, Jr., an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date: February 28, 1997



(Signature)

John P. Williams, Jr.
Post Office Box 883
Marion, South Carolina 29571

1089 Coad